

STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF MEDICAL SERVICES

SUMMARY of COMMENTS

RULE TITLE OR SUBJECT: MaineCare Benefits Manual, Section 58, Chapters II and III, Licensed Clinical Social Worker and Licensed Clinical Professional Counselor Services.

1. Two commenters requested that the rule be amended to reflect LD 175 and allow licensed marriage and family therapists to receive MaineCare reimbursement for counseling services whenever licensed professional counselors or licensed clinical professional counselors are eligible to be reimbursed for services. One commenter stated that not allowing a licensed marriage and family therapist to bill MaineCare is a discriminatory practice.

(Commenters 1, 4 and 5)

Response: This rule has been amended to allow licensed marriage and family therapists to provide services and bill for those services and treats them similarly to other providers under this Section. Any changes to other Sections of policy may be addressed in future rulemakings. No changes have been made as a result of this comment.

2. One commenter requested that Section 58 be expanded to allow for counseling services to be provided prior to the report or substantiation of abuse or issues that lead to other disorders.

(Commenter 1)

Response: The Department has other policies in place that allow for the treatment of identified mental health disorders. No changes have been made as a result of this comment.

3. One commenter requested that changes be made to Section 65 of the MaineCare Benefits Manual to allow licensed marriage and family therapists as qualified providers of counseling services at community mental health agencies..

(Commenter 2)

Response: See the response to comment 1. No changes have been made as a result of this comment.

4. One commenter requested that Section 58 be expanded to allow providers to bill MaineCare directly and no longer need to provide services through a mental health clinic.

(Commenter 3)

Response: See the response to comment 1. The Department has made no changes as a result of this comment.

5. One commenter requesting clarification asked how to bill for 1 hour of therapy.

(Commenter 6)

Response: It was the Department's intent to have no change in rates when converting from local codes to codes for purposes of Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliance. This comment, as well as comments 6 and 7 raise valid issues with the conversion process and rates assigned to the new codes. As a result of this comment, the Department has removed the HCPCS and CPT codes and rates associated with those codes from Chapter III, Section 58. The Department will notify providers of the correct codes and rates associated with those codes at least 30 days prior to implementation of the code conversion. This change does not remove the provider's responsibility for obtaining prior authorization for all services.

6. One commenter requesting clarification asked how the rate of \$35.33 applies to 45 minutes or 60 minutes.

(Commenter 6)

Response: Please see the response to comment 5.

7. One commenter requesting clarification asked for the codes to bill for 60 minutes of therapy and 45 minutes of therapy.

(Commenter 6)

Response: Please see the response to comment 5.

The Department has determined that the following administrative change needs to be made in the final rule:

A number of grammatical and formatting changes were made throughout the rule.

In Section 58.09(D) the first sentence was removed for clarity. The second sentence refers providers to Chapter I for additional information regarding interpreter services.

In Section 58.10 the sentence, “Please see Chapter I for additional information regarding confidentiality requirements.” was added to assist providers on the location of additional information regarding confidentiality.

In Section 58.11, the language, “Billing must be accomplished” was changed to “Providers must bill” to clarify that it is the responsibility of the provider to bill properly.